



FARM MANAGEMENT FOR PROFIT REIMBURSEMENT CLAIM

North Dakota Department of Career and Technical Education
SFN 51346 (9-05)

State Capitol 15th Floor
600 E Boulevard Ave Dept 270
Bismarck, ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

Name/Institution		Social Security Number		Date Submitted	
Mailing Address		City, State, Zip Code			
Name of Meeting			Meeting/Seminar Dates		
TRAVEL TIME	Date and Time Travel Began		<input type="checkbox"/> AM <input type="checkbox"/> PM	Date and Time Travel Ended	
				<input type="checkbox"/> AM <input type="checkbox"/> PM	

Teaching sessions	\$
Curriculum development hours/Prep time	\$
Hours for student make-up work	\$
Hours of travel time	\$
Site materials \$10 per session (maximum)	\$
Registration fee (attach receipt)	\$
Lodging (attach receipt)	\$
Other (attach receipts)	\$
Personal vehicle mileage (round trip)	Miles

I certify this request is correct and complete and all expenditures are accurate.

Signature of Claimant

STATE USE ONLY									
	IN NORTH DAKOTA				OUTSIDE NORTH DAKOTA				Totals
MEALS	Breakfast \$5	Lunch \$7.50	Dinner \$12.50	Sub Total	Breakfast 20% GSA Rate	Lunch 30% GSA Rate	Dinner 50% GSA Rate	Sub Total	
Number of Meals									
Number x Rate = Cost									
LODGING	(Actual cost up to \$50 plus Applicable Tax)				(Actual Cost)				
	Rate \$ x ____ Night(s) =				Rate \$ x ____ Night(s) =				
MILEAGE	Miles @ \$.375 =				Miles @ \$.375 =				
									\$
SBCTE Approval _____ Date _____									Total Claim \$

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